



300 Engleside Avenue
Beach Haven, NJ 08008
Phone: (609)-492-0111 Ext. 214 Fax: (609)-492-1814
Finalwater@beachhaven-nj.gov

Final Water Reading Request Form

PLEASE SUBMIT THIS FORM AT LEAST 24 HOURS IN ADVANCE FOR A FINAL WATER READING.

SAME DAY FINAL READINGS CANNOT BE PERFORMED.

Requestor: _____ Phone: _____

Email: _____ Fax: _____

Final Reading Address _____
(Street Address Only, Town and Zip not required)

Name of Current Owner: _____

Block: _____ Lot: _____ Qualifier: _____

How would you like the Final Water Reading sent: ____ Fax ____ Email (select one)

Final Reading Date & New Owner Information

Reading Request Date: _____
(Reading date and closing date must be the same)

New Account Holder Name: _____

New Mailing Address: _____

(Borough of Beach Haven Use Only):

Final Read date: _____ Reading: _____

Prior Read date: _____ Reading: _____

Calculation of Gallons: _____ Usage Costs _____ plus \$126.50 = Total Due: _____

Minimum Charge: \$126.50 covers Months of __/__/__ to __/__/__ Prior Due: _____ Grand total due: _____

Seller Portion: _____ Buyer Costs: _____ Total Due: _____

Make check payable to: Beach Haven Water Department. Send a copy of this form with check.